Approved, SCAO OSM CODE: NKC

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE TO KNOWN CREDITORS		FILE NO.
Estate of			
TO: Name			
Address			
City, state, zip			
present your written claim or it will be fo	date of publication or one orever barred. You may u y delivered or mailed to th	month from the date this no se the Statement and Proo ne fiduciary listed below. Yo	Date otice is sent to you, whichever is later, to f of Claim (Form PC 579) to submit your ou may also send it to the probate court ate in a court.
Address		Address	
City, state, zip	Telephone no.	City, state, zip	
	PROOF O	F SERVICE	
I certify that on	, I served a copy of this notice on the creditor by		
☐ delivering personally to the creditor. ☐ mailing, with postage prepaid, to th		is notice.	
I declare that this proof of service has band belief.	een examined by me and	I that its contents are true to	the best of my information, knowledge,
Date	Signature		

Do not write below this line - For court use only